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REPORT OF RECEIPTS OF THE SENATE

FORM 3		Authorized Com	mittee	4 JUN 6	PM 1:47	use Only	
NAME OF COMMITTEE (in	TYPE OR PRI.	·	ample: If typing, er the lines.		2FE4M5		-
Connie Johnso	on for Oklahoma	1 1 1 1 3		1 1 1 3 1			1
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<u> </u>	P.O. Box 571	<u> </u>		<u> </u>			
ADDRESS (number an	1 1 1 1						
Check if dif than previous reported. (A	usly į Oklahoma C	ity			K 73157	-7196	
2. FEC IDENTIFIC	CATION NUMBER T	CITY ▲	 .	STAT	<u>Е</u>	ZIP CODE	
C C0056168	96	3. IS THIS REPORT	NEW (N)	OR 🗓	AMENDED (A)	STATE ▼	DISTRICT 05
(a) Quarterly Re	PORT (Choose One) eports: Quarterly Report (Q1) Quarterly Report (Q2)	(b) 12-Day PRE	-Election Report Primary (12P) Convention (120		L General (12G) Special (12S)	Runo	off (12R)
October	15 Quarterly Report (Q3)	Election on	06 / C	24 Y	2014	in the State of	OK
	31 Year-End Report (YE)	(c) 30-Day POS	T-Election Repor General (30G)	<u></u>	Runoff (30R)	Spec	ial (30S)
Termina	tion Report (TER)	Election on	M ¹ M /		Y Y Y Y	in the State of	
5. Covering Period	03 / D 24	2014	through	M M / 06	04 / Y	▼▼▼▼ } 2014	
I certify that I have e. Type or Print Name o	xamined this Report and a		owledge and bel	ief it is true, c	orrect and com	plete.	
Signature of Treasure				Date	00	11 20	214
NOTE: Submission of	false, erroneous, or incomp	lete information may s	subject the persor	signing this R	leport to the per	nalties of 2 U.S.0	C. §437g.
Office Use Only					FI	EC FORM Revised 02/2003	3